

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KX	71841	1/18
O.I.P.E. CLASSIFIER	MTN	59	11-22-99
FORMALITY REVIEW	PH	71423	12-7-99
		71723	3-22-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		✓	7-19-97
2		✓	1-7-02
3		✓	8-9-02
4		✓	1-10-02
5		✓	4-13-02
6		✓	4-8-03
7		✓	11-22-99
8		✓	
9		✓	
10		✓	
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50		✓	

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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